

MICHIGAN Immunization Update

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REDUCE - RECYCLE - REUSE

We want to encourage our readers to be mindful of the environment and either read the newsletter electronically or if you do print it, share it with your associates and then place the printed copy in a recycling bin. It will also be posted on the department's website at www.michigan.gov/immunize, under the Provider Information section.

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Be sure to give influenza vaccine throughout the entire influenza season - through spring 2009.

MDCH is an Equal Opportunity Employer, Services and Programs Provider.

WHAT'S NEW

Updated Immunization Schedules for all Ages

[The Advisory Committee on Immunization Practices \(ACIP\)](#) annually publishes immunization schedules that summarize recommendations for currently licensed vaccines. The 2009 versions of the [Recommended Immunization Schedules for Persons 0-18](#), the catch-up immunization schedule and the [Recommended Adult Immunization Schedule](#) have recently been published. Specific changes are listed on the websites above.

Antiviral Resistance Netconference on January 29

On January 29, from noon to 1:00 PM ET, CDC will present a live netconference program about antiviral resistance among influenza A (H1N1) viruses and interim guidance for antivirals. Dr. Anthony Fiore will be speaking and Dr. Andrew Kroger moderating. This program will combine a telephone audio conference with simultaneous online visual content. Participants can take part in a question and answer segment by telephone and/or via the Internet. Pre-registration is required. To [register for the Antiviral Resistance Netconference](#) visit the Current Issues in Immunization NetConference Webpage.

Three additional NetConferences are scheduled in 2009:

- March 12, Noon - 1 pm (ET)
- July 16, Noon - 1 pm (ET)
- September 17, Noon - 1 pm (ET)

Additional information about the NetConferences is posted on the CDC website at www.cdc.gov/vaccines/ed/netconferences.htm

CDC Issues Interim Recommendations for Influenza Antiviral Use

Early national surveillance data indicate that, at this time, the currently circulating influenza viruses appear to be well-matched to this season's influenza vaccine. Please continue to promote influenza vaccination throughout the winter and into spring, as vaccination is the single best way to prevent the flu.

On Friday, December 19, CDC released a Health Advisory, which outlines important interim recommendations for antiviral use in the U.S. for the 2008-2009 influenza season. The changes made to the current antiviral recommendations were in response to increasing evidence of oseltamivir (Tamiflu) resistance in influenza A/H1N1 viruses. Please see the attached CDC advisory and accompanying talking points for complete recommendations.

Based on the new recommendations, appropriate antiviral choices are now largely dependent on which influenza virus subtypes are circulating in your area. Thus, up-to-date influenza surveillance data is critical. At this time, clinicians, hospitals and laboratories are asked to submit their facility's next 3-5 positive influenza specimens to the MDCH Bureau of Laboratories for viral culture and subtyping. These specimens will help identify which influenza viruses are circulating in Michigan and will support decision-making under the new interim recommendations. If needed, please contact the MDCH Bureau of Epidemiology at 517-335-8165 for more information on specimen collection and shipping instructions. As always, the timely reporting of facility respiratory outbreaks and pediatric influenza mortalities is highly encouraged.

[Michigan influenza surveillance updates](#) are posted on the MDCH website. You can also contact your local health department or go to the MDCH flu website www.michigan.gov/flu for more information.

Boostrix Tdap Vaccine Now Recommended for Ages 10-64 Years

(Reprinted from [the IAC Express](#) – Issue Number 770, December 15, 2008)

On December 4, FDA approved GlaxoSmithKline's (GSK) request to supplement the biologics license application for the tetanus-diphtheria-acellular pertussis (Tdap) vaccine Boostrix. The vaccine is now approved for use as a one-time booster for people ages 10-64 years. Previously, it was approved for use in people ages 10-18 years.

To access the December 4 approval letter, go to: <http://www.fda.gov/cber/approvltr/tdapboostrix120408L.htm>

Note: The package insert posted on the FDA website is dated December 2005. To view an updated package insert (dated December 2008) posted on the GSK website, go to: http://us.gsk.com/products/assets/us_boostrix.pdf

Increase in Hib Cases in Minnesota, Parents Urged to Make Sure Children under Five Are Vaccinated

The Minnesota Department of Health has reported five cases of *Haemophilus influenzae* type B (Hib) which are concerning given the limited supply of Hib vaccine in the United States. All five cases of *Haemophilus influenzae* type b were in children under 3 years of age, one of whom died. Of special concern is that this is the highest number of cases in children under age 5 that Minnesota has seen since 1991. All five cases occurred in children who were either unimmunized or only partially immunized. During this vaccine shortage, national advisory groups are recommending that health care providers defer giving a final booster dose of Hib vaccine to toddlers, age 12-15 months, with the exception of those at increased risk for Hib disease as noted in previous communications (see next page for full details about the interim recommendations).

Public health officials are particularly concerned that the breakthrough cases may represent an increase in carriage from not having a booster dose for more than one year. The recent cases of Hib disease serve as a reminder that serious vaccine-preventable diseases do occur if you don't vaccinate. There were two cases of Hib in Michigan in 2008 in children less than 5 years of age. It is important to continue to monitor for Hib cases in Michigan in light of the shortage of Hib vaccine. It is also important to assure all children are vaccinated with the primary series of Hib vaccine. The booster dose should still be administered to those children with an increased risk for Hib disease.

A Morbidity and Mortality Weekly Report (MMWR) Early Release called [Invasive Haemophilus influenzae Type B Disease in Five Young Children - Minnesota, 2008](#) was published on January 23.

Parents can look at immunization schedules or find out more information by visiting [CDC's Vaccines Webpage](#) or calling 1-800-CDC-INFO.

Ongoing Hib shortage and Hib surveillance

In response to a nationwide shortage of Hib vaccine, expected to last until at least mid 2009, health care providers have been advised to defer giving the Hib booster dose to all children except those at high risk of invasive Hib disease. Normally, Hib vaccine is administered in two or three primary doses in the first year of life, depending on the vaccine manufacturer, with a booster dose at 12-15 months of age. Since the vaccine was introduced, the incidence of Hib disease has decreased over 95% in young children. The continued delay in vaccine availability may result in an increased risk for Hib invasive disease.

To support surveillance activities and be able to detect and respond to any increase of Hib disease that may occur as a result of the vaccine shortage, it is important to assure serotyping of all *Haemophilus influenzae* isolates from

invasive disease cases in persons under 15 years of age. Serotyping of isolates is available at the MDCH laboratory.

For additional information on submitting isolates to MDCH and lab services, refer to www.michigan.gov/mdchlab, or call 517-335-8067.

For background information on the vaccine shortage and the need for serotype surveillance, refer to http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5746a2.htm?s_cid=mm5746a2_e

For additional information on the interim Hib vaccine schedule, refer to www.michigan.gov/immunize (scroll to Provider Information and click on Updated Hib Interim Schedule), or contact the MDCH Immunization Division at 517-335-8159.

New Handouts for Use in Providers' Offices Posted Online

These two handouts were recently created to help providers integrate new combination vaccines into clinical practice, including using Pentacel® during the Hib shortage:

- [Quick Reference to using Combination Vaccines](#) (11/25/08)
- [Tips for Medical Offices When Starting to Use Pentacel during the Hib Shortage](#) (12/9/08)

Both handouts are posted on the Division of Immunization website, along with additional resources for providers. Go to www.michigan.gov/immunize and scroll down the page. The Handouts for Use in Providers' Offices are listed under the Provider Information heading.

Michigan Sees Increase in Pertussis Reports in Second Half of 2008

On January 23, the Michigan Department of Community Health (MDCH) issued a [press release](#) addressing an increase in the reported cases of pertussis in the second half of 2008. Medical and public health providers should help to assure proper diagnosis, treatment, prevention and control. Recommended diagnostic tests are pertussis culture or PCR of nasopharyngeal (NP) aspirate or Dacron swab. Serology tests and DFA tests are NOT recommended. Cases should be reported to local public health departments. Recommended treatment is a course of a macrolide antibiotic (5 days azithromycin, or 7 days clarithromycin, or 14 days erythromycin; an alternative is 14 days TMP-SMZ). Household and other close contacts of cases should receive antibiotic prophylaxis within 3 weeks of exposure using same antibiotics and doses as in treatment schedule.

Infants are at highest risk of severe disease and death from pertussis, and older siblings and adults are often the source. Infants and children should receive pertussis vaccine (DTaP), following the U.S. recommended childhood immunization schedule. All doses should be given as close to the recommended ages as possible.

A routine pertussis vaccine booster dose (Tdap) is recommended for adolescents and adults. This vaccine is especially important for health care providers and for anyone who comes in contact with infants.

The following resources provide further pertussis prevention and control information:

- MDCH Pertussis Investigation Guidelines (scroll to Provider Information, click on Vaccine Preventable Diseases Investigation Guidelines) - www.michigan.gov/immunize
- CDC Surveillance Manual for Vaccine-Preventable Diseases – Pertussis Chapter <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt10-pertussis.htm>

- CDC Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis - <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>
- CDC Guidelines for Control of Pertussis Outbreaks <http://www.cdc.gov/vaccines/pubs/pertussis-guide/guide.htm>
- CDC Pink Book – Pertussis Chapter <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/pert-508.pdf>
- ACIP Recommendations <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#dtap>
- Immunization Action Coalition – Pertussis Questions & Answers, Information about the disease and vaccines - <http://www.immunize.org/catg.d/p4212.pdf>

**Number of Reported Cases of Vaccine Preventable Diseases in Michigan, 2008
(Year-to-date as of 11/30/08)**

Disease	Total cases, year-to-date
Chickenpox	2,582
Diphtheria	0
<i>H. influenzae</i> invasive (all ages, all serotypes)	23
Measles	4
Mumps	36
Pertussis	256
Polio	0
Rubella	0
Tetanus	1
Hep. A	119
Hep. B	141

A Detroit Success Story

(By Kris Lyons, Region 1 MCIR Manager of the City of Detroit, and Wayne, Macomb, and St. Clair counties)

The challenge: To roll out a major new release in the Michigan Care Improvement Registry (MCIR) to 120 Vaccines for Children (VFC) providers in the City of Detroit in a 3 month period. The solution: Teamwork!

The new Vaccine Inventory Module (VIM) was rolled out this past summer and fall. MCIR regional staff faced the challenge of training all the VFC providers by the end of September. In Detroit, MCIR staff worked together with local health department staff and an MDCH nurse educator to create a plan that would make this daunting task possible. The first group in Detroit to go live with this new module in MCIR was the group of four Detroit Department of Health and Wellness Promotion Clinics and the health department depot. After using the VIM for a full month, and balancing inventories successfully, it was time to roll out the VIM to the provider offices that participate in the VFC program.

This was a major undertaking that depended on a couple of key components. First, provider offices had to be willing to participate in group training sessions outside of their own office environment on days that were pre-determined by MCIR staff. Second, MCIR staff, Detroit Immunization Program staff, and an MDCH Nurse Educator had to work together to organize two group training sessions, two days per week during the months of

July and August, and three sessions over 1½ days in September. Many thanks to Barb Wolicki, RN, BSN, MDCH Nurse Educator, Dawn Lukomski, Manager of the Detroit Immunization program and her staff, Annie Marshall, MCIR Data Specialist for Detroit, for their hard work during the training period. I would also like to thank all of the Detroit VFC providers for their patience and dedication throughout this very successful rollout.

Detroit VFC providers are now balancing their inventories and adjusting to this major change. A refresher VIM course is being offered on to our VFC providers on a monthly basis so that MCIR staff can clear up any problem areas. The learning curve will undoubtedly last for a period of time. In the long run, administration of vaccine will be much more effective and greater accountability will be achieved. This roll-out is occurring across the entire state and, if the success in Detroit is any indication to the success around the state, than the light at the end of the tunnel is bound to be a very bright one.

NATIONAL NEWS

Dr. Paul Offit Publishes an Editorial on Dr. Robert Sears' Alternative Vaccine Schedule

(Reprinted from IZTA Update: Volume 5, Issue 1—Jan 9, 2009)

"The Problem with Dr. Bob's Alternative Vaccine Schedule," an article written by Paul A. Offit, MD, and Charlotte A. Moser, BS, appears in the January issue of *Pediatrics*. The article offers a critique of Dr. Sears' popular *The Vaccine Book: Making the Right Decision for Your Child*. Dr. Offit is the chief of Infectious Diseases and the director of the Vaccine Education Center at the Children's Hospital of Philadelphia. To access the full text article, go to:

<http://pediatrics.aappublications.org/cgi/reprint/123/1/e164>

NPR Interviews Dr. Paul Offit and Amanda Peet

(Adapted from [IAC Express](#) – Issue Number 770, December 15, 2008)

Every Child by Two (ECBT) provided a brief overview of a National Public Radio (NPR) interview with Dr. Paul Offit and Amanda Peet that aired on December 11 on NPR's morning news program Morning Edition. Dr. Offit is the chief of Infectious Diseases and the director of the Vaccine Education Center at the Children's Hospital of Philadelphia, as well as the Maurice R. Hilleman Professor of Vaccinology and professor of pediatrics at the University of Pennsylvania School of Medicine. Film and television actress Amanda Peet is ECBT's Vaccinate Your Baby campaign spokesperson. Both Ms. Peet and Dr. Offit pointed out the importance of immunizing children, and the frightening consequences of exempting – especially for the 500,000 vulnerable Americans who cannot be vaccinated due to autoimmune disorders.

[The 5-minute segment is posted on NPR's website.](#)

Dr. Paul Offit's video about "Autism's False Prophets" is Online

(IAC Express, Issue 750: September 2, 2008)

A YouTube video of Paul A. Offit, MD, talking about his soon-to-be released book has been posted on the website of Columbia University Press. The book, titled "[Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure](#)," is published by Columbia University Press. The book was released in September.

On August 15, the website libraryjournal.com reviewed "Autism's False Prophets," stating the following: "Autistic children, their desperate parents, unscrupulous doctors, and opportunistic lawyers call forth the "false prophets" whom physician Offit resolutely confronts here. Director of the Vaccine Education Center at the

Children's Hospital of Philadelphia and professor of pediatrics at the University of Pennsylvania School of Medicine, he is well placed to marshal extensive evidence to discount theories that either mercury preservatives in vaccines or the MMR inoculations in particular (the most commonly cited culprits) are linked to increasing autism rates. . . ."

To read the review in its entirety, go to: <http://www.libraryjournal.com/article/CA6586270.html>. Scroll down to the section titled Health & Medicine. Reviews are listed in alphabetical order by the author's last name.

Dr. Offit is the chief of Infectious Diseases and the director of the Vaccine Education Center at the Children's Hospital of Philadelphia, as well as the Maurice R. Hilleman Professor of Vaccinology and professor of pediatrics at the University of Pennsylvania School Medicine.

New Vaccine Information Statement published for PCV7 in December

A new interim VIS for PCV7 was published on 12/9/08. It incorporates recent updates in recommendations for healthy children 2 through 4 years of age, as well as miscellaneous minor changes.

The new VIS is posted on the MDCH website at www.michigan.gov/immunize. The "[Important Vaccine Information Statement \(VIS\) Facts](#)" handout has also been updated.

Health care providers should begin using the new VIS immediately.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan versions of VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law in Michigan, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

Studies Show that Rotavirus Vaccines have a Strong Impact

The Vaccine Education Center at the Children's Hospital of Philadelphia reported in their [December 2008 Parents PACK newsletter](#) that rotavirus vaccines are having a significant effect on the number of rotavirus cases.

Studies comparing last year's rotavirus season (2007-2008) with previous rotavirus seasons found two effects of the rotavirus vaccine. First, the season was much milder. Second, even though only about 1 in 3 infants were fully vaccinated, more people were protected due to herd immunity. Said another way, even those who are not immunized are less likely to suffer rotavirus disease because of vaccine use throughout the community at large. Overall, there was an 80 to 90 percent decrease in the number of cases when compared to the previous two rotavirus seasons.

Scientists and public health officials will continue to monitor the number of rotavirus cases to see if they continue to decline.

(You may subscribe to one or more [free email newsletters](#) on specific children's health and safety issues at [the Parents PACK website](#).)

Updated Information on HPV Vaccine Safety

Updated information of the [safety of HPV vaccine](#) is now available on CDC's web site with links to [updated information on HPV reports to VAERS](#) following vaccination and a new [HPV vaccine safety question & answer section](#).

Monitoring of the safety of HPV vaccine is ongoing and additional information it will be posted as it becomes available.

INFLUENZA

Influenza Sentinels Report Valuable Data

Public health officials rely on front-line medical providers who have volunteered to be influenza sentinels to know where, when, and what influenza viruses are circulating. Influenza sentinels are part of a nationwide collaboration of the Centers for Disease Control and Prevention (CDC), state and local health departments, and volunteer providers that form the U.S. Sentinel Provider Surveillance Network.

Approximately 2,400 sentinels across the United States, including over 90 in Michigan, volunteer to report the number of patient visits they see each week due to influenza-like illness (ILI) and collect clinical specimens from a subset of those patients.

Tom Marshall, MD, medical director at Alcona Health Centers is one of 13 Michigan Community Health Center providers at nine sites to serve as an influenza sentinel.

"The influenza sentinel program is fairly simple to navigate," said Dr. Marshall. "We simply stay vigilant for cases of influenza-like illness and mark them with a hash mark on the case reporting form hanging in our lab area. At the end of the week, we summarize the count and submit the numbers of ILI and the total number of patients seen on the Sentinel web site. At the end of the year, we send in the reporting sheet to the Centers for Disease Control to confirm what we have already submitted via the Internet."

Most providers say it takes less than 30 minutes a week to compile and report the data. For such little time, the benefits are great. CDC combines the data with other data submitted across the United States to produce weekly reports from October through mid-May. This helps CDC find out when and where influenza activity is occurring, track influenza-related illnesses, determine what influenza viruses are circulating, and measure the impact of influenza on deaths in the United States.

"In return, our providers get constant feedback on the movement of certain strains of flu around the country, a lot like a weather map/forecast," said Dr. Marshall. Sentinels also receive free subscriptions to the CDC's Morbidity & Mortality Weekly Report and Emerging Infectious Diseases Journal, and free virus culture by the MDCH laboratory of respiratory specimens from a sample of patients with ILI.

"Influenza surveillance works when an adequate number of providers are willing to participate and is only as good as the data they provide. In other words, a strong influenza surveillance program requires providers' active involvement," said Rachel Potter, the influenza sentinel surveillance coordinator at the Michigan Department of Community Health.

New sentinels are urgently needed. Physicians, physician assistants, nurses, and nurse practitioners for any specialty are eligible to be influenza sentinels. Contact Rachel Potter at 517-335-9710 or potterr1@michigan.gov for more information or to enroll now. More information is posted on the MDCH flu website.

The Division of Immunization Redesigns its Flu Page

The MDCH influenza website has received a face-lift and flu staff has given the site a fresh, new look. This season's campaign, entitled, "[Flu Vaccine: For Every One, Every Year](#)" focuses on the importance of vaccinating the entire community against influenza, in order to protect those that are most vulnerable. Special efforts should be made this season to vaccinate school-aged children 6 months through 18 years of age – remembering those children that need 2 doses of flu vaccine.

For up-to-the minute, Michigan-specific flu information and resources, check out the flu website today. A wealth of information is available on where to get vaccinated, what to do if you get sick, where to find clinical laboratory and reporting information, as well as flu information for schools and daycares, individuals, businesses and the workplace.

To find to MDCH 2008-09 flu materials, visit www.michigan.gov/flu and click on seasonal flu → information for specific groups (health professionals) → [newly updated materials and messages for the 2008-2009 influenza season](#).

It's Not Too Late to Vaccinate!

It is not too late to get flu vaccine. Although flu cases have already been confirmed in Michigan, flu activity often does not peak until January or later and influenza can continue to circulate through spring. Use [these materials](#) (including flu monthly posters, late season resources, case studies, and more) to assist in your efforts to extend the flu vaccination season.

Monthly Flu Posters Available through MDCH

Help spread the word that it is never too early or too late to prevent the flu. The Michigan Department of Community Health (MDCH) has created clever monthly flu posters to encourage influenza vaccination. Posters along with other helpful flu resources are posted on the [MDCH seasonal influenza website](#).

Pregnant Women are Focus of National Flu Educational Program

National Women's Health Resource Center (NWHRC), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

On October 6, 2008, NWHRC and AWHONN launched a brand new program entitled, "[Flu-Free and A Mom-to-Be](#)." The campaign is designed to educate women who are pregnant, women who are planning to conceive, or new moms about the importance of receiving flu vaccine. For more information, visit www.healthywomen.org.

Supporting the recommendation to vaccinate pregnant women against influenza, a [recent article](#), published in the New England Journal of Medicine (NEJM), found greater clinical protection from influenza not only to the vaccinated mothers but also in the infants born to influenza-vaccinated mothers.

Families Fighting Flu Video on YouTube

A video vignette entitled [Why Flu Vaccination Matters](#) is available on You Tube. This powerful six and half-minute video, created by the [Centers for Disease Control and Prevention \(CDC\)](#) in collaboration with Families Fighting Flu (FFF), features the personal stories of parents who have tragically lost or nearly lost a child to the flu. The video intertwines the stories of these parents with the facts about influenza as explained by Dr. Jeanne Santoli, Deputy Director of the National Center for Immunization and Respiratory Diseases at the CDC and was directed by Emmy award-winning Mustapha Khan, creator of "House on Fire," and Emmy-nominated Tommy Walker, co-director of "God Grew Tired of Us: The Story of Lost Boys of Sudan."

MDCH Website for Businesses and the Workplace

According to the National Foundation for Infectious Diseases (NFID), workplaces are suffering from 'presenteeism,' rather than absenteeism. Survey respondents cited a number of economically-driven reasons for why they feel pressured to go to work despite being sick with the flu, such as being concerned about work not getting done in their absence (60%), feeling guilty for missing work (48%), and getting minimal or no sick pay (24%).

A [new website](#) has been created to address this issue, which has plethora of resources for businesses and the workplace. Posters, educational bulletins, and PSAs are available to employers planning workplace flu campaigns. Visit the website today and encourage your community partners to do the same.

Fifth Guy Campaign Available on Infection Control

We all know a Fifth Person - the guy who doesn't wash his hands, the gal who shows up at work sick, the dude who sprays us with spittle. View the PSAs below for tips on how to drop just the right hint - how to say, "Hey, stop getting us all sick!"

[These materials](#), adapted from the Florida Department of Health, are being broadcast by the Michigan Department of Community Health. The PSAs are being aired statewide November through January. Feel free to use these materials in any way you see fit - organizational newsletters, company-wide e-mails reminding employees to practice good infection control/hand hygiene during the flu season, and so on.

Remember: The single best way to protect against the flu is to get vaccinated each year.

Distribute Flu News Releases in Your Community

The MDCH Division of Immunization writes flu press releases on a monthly and as needed basis throughout the flu season. Please disseminate these press releases to your immunization partners and local media contacts, in order to be sure that the general public receives an accurate, consistent message about seasonal flu vaccination. To access MDCH flu-related press releases, visit www.michigan.gov/flu → seasonal flu → additional resources → MDCH flu-related press releases. Last season's press releases are archived here as well.

Adolescents

Teen Vaccination Coverage Increasing, but still below 2010 Goals

The [immunization coverage rates for preteens and teens](#) in the U.S. are increasing for routinely recommended vaccines, but most still do not have all of the recommended immunizations, according to [2007 estimates](#) released by CDC.

The survey found that, compared to 2006, there was a substantial increase in the percentage of preteens and teens who had received the recommended vaccinations. Specific findings included:

- Vaccination coverage levels for three or more doses of hepatitis B (HepB) and two or more doses of measles, mumps and rubella vaccine (MMR) were over 80 percent;
- Coverage with one dose of varicella vaccine (VAR) was high at 75.7 percent but coverage with two doses was low at 18.8 percent among preteens and teens without a previous history of disease;
- 32.4 percent of preteens and teens surveyed had received MCV4 vaccination, up from 11.7 percent in 2006 (a 20.7 percentage point increase);

- 30.4 percent had received Tdap vaccination, up from 10.8 percent in 2006 (a 19.6 percentage point increase);
- 25.1 percent of adolescent females had received at least one dose of HPV vaccine

CDC and MDCH encourage parents to take their preteens and teenagers for routine medical checkups as a way to ensure they receive the recommended vaccinations.

CDC Preteen Vaccine and “It’s Their Turn” Campaign Materials Available for Use

Through extensive audience research, CDC launched their [Preteen Vaccine Campaign](#) to educate parents and providers about the three preteen vaccines and the 11 and 12 year old medical check-up.

The goals of the campaign are to:

- Motivate caregivers of 11 and 12 year olds to have their pre-teens immunized with Tdap, MCV4 and HPV (for girls).
- Motivate caregivers to get their pre-teens caught up on missed childhood vaccines.
- Through additional targeting of African Americans and Hispanics, increase awareness of immunization recommendations and benefits (and thereby increase immunization rates and prevent disparities).
- Promote the 11 to 12 year old medical check-up.
- Provide healthcare providers with educational materials to facilitate their efforts.

Campaign materials include posters, flyers, and public service announcements (PSAs), which are available in English and Spanish. Be sure to visit the [campaign website](#) and download helpful resources today!

Further, as an effort to assist state and local health departments in the implementation of ACIP adolescent vaccine recommendations, CDC created an initiative, entitled, “[It’s Their Turn](#).”

The goals of “It’s Their Turn” are to:

- Provide state and local health departments with a set of tools to facilitate educational campaign implementation around adolescent immunizations.
- Educate caregivers and adolescents about meningococcal disease and pertussis (whooping cough) and associated vaccines.
- Promote awareness of the importance of adolescent immunizations among adolescents, caregivers and healthcare providers.
- Provide healthcare providers and schools with educational materials to facilitate efforts to improve adolescent immunization.

[Materials](#) are provided as templates and can be customized to fit state-specific or local purposes. Additional electronic educational materials are available as well, including [e-cards, podcasts, and blogs](#).

Training Opportunities

Fall Regional Immunization Conferences Attract 1,700 Attendees

The annual Michigan Regional Immunization Conferences, held in October and November, attracted more than 1,700 health care providers across Michigan. The one-day conferences are held every fall in multiple cities across the state, in an effort to make this training opportunity accessible to as many health care professionals as possible.

The primary goal of these conferences is to update health care professionals on immunization issues that affect people of all ages - from infants to the elderly and everyone in-between. The [2008 conference agenda](#) is posted on the Division of Immunization website. The conferences were intended for nurses, nurse practitioners, medical assistants, public health staff, physicians, physician assistants, medical and nursing students, and anyone interested in learning more about current immunization practice in Michigan.

The [speakers' handouts](#) are posted on the MDCH Division of Immunization website. (The information included in the handouts was current as of November 2008.)

Planning is underway for the 2009 Fall Regional Immunization Conferences. Dates and locations have not yet been determined. When the schedule has been determined and approved, the 2009 conference dates and locations will be posted on the [Division of Immunization website](#).

Joint Michigan Epidemiology and Regional EIS Conference scheduled March 30-31

Mark your calendars for March 30-31, when the Epidemiology Section of the Michigan Public Health Association in collaboration with the Centers for Disease Control and Prevention's Epidemic Intelligence Service will present the joint Eighth Annual Michigan Epidemiology Conference combined with this year's Regional EIS Conference at the Towsley Center at the University of Michigan Hospital Complex. More information will be distributed online (<http://mipha.org/epi/index.htm>) and by e-mail as it becomes available.

The first day of the conference will be made up of EIS officer presentations summarizing infectious disease investigations that they have done with local and state health departments.

The second day will be the Michigan Epidemiology Conference, which will include:

- Plenary sessions focusing on a variety of epidemiological subjects
- Poster presentations and breakout sessions covering many topics, including:
 - Infectious disease
 - Occupational injury
 - Environmental epidemiology
 - Maternal & child health
 - Chronic disease
 - Epidemiology careers

If your organization is interested in exhibiting at the Michigan Epidemiology Conference, please contact Fatema Mamou at fmamou@gchd.us. CME and CEU credits will be available.

ADDITIONAL RESOURCES

The 2009-2010 Watch Me Grow Calendar is an Important Resource for Families

A new [Watch Me Grow calendar](#) has been published just in time for the New Year. This 24-month calendar is targeted to families in Michigan. It is an informative calendar which promotes the health and well being of families, and helps build support networks by sharing information about effective programs and resources.

The Watch Me Grow calendar:

- Promotes the health and well-being of families
- Helps build support networks of effective programs and resources
- Includes activities for parents and children

- Highlights over 30 programs for families
- Lists important telephone numbers, and provides space for families to add their own

In December, the Division of Immunization distributed 2,000 calendars to birthing hospitals in Michigan, free of charge. The 2,000 calendars were divided up according to each hospital's birth cohort. Additional calendars may be purchased at a cost of \$1 per calendar through the [Watch Me Grow website](#). A Spanish version is also available.

New Brochure for Parents who are Vaccine-Hesitant

Why Vaccinate Your Child is written for vaccine-hesitant parents who wish to receive a lot of information about vaccines. This brochure contains a wealth of information about vaccine safety issues.

This brochure can be ordered free of charge from the Health Promotions Clearinghouse at www.healthymichigan.com. It is also posted on the MDCH website at www.michigan.gov/immunize under "Immunization Brochures for the Whole Family", along with all of the brochures that are available from the Division of Immunization.

Alliance for Immunization in Michigan (AIM) Online Provider Toolkit www.aimtoolkit.org

Flu Fighter Action Kit for Health Care Personnel www.michigan.gov/flufighterkit

Flu Advisory Board (FAB)

MDCH would like to extend an invite for any interested health care professional to become involved in the [Flu Advisory Board \(FAB\)](#). To join FAB, contact Courtney McFeters, Influenza Health Education Coordinator at McFetersC@michigan.gov.

How to receive automatic email updates directly from CDC

- To receive email updates on vaccine shortages and delays automatically, go to: www.cdc.gov/vaccines/vac-gen/shortages. Double-click on the picture of the mailbox shown in the center of the page. Type your email address on the subscription page and click on "Go." Email updates on vaccine shortages and delays will be sent to you automatically.
- To receive a free electronic subscription to MMWR (which includes new ACIP statements), go to: <http://www.cdc.gov/mmwr/mmwrsubscribe.html>

How to subscribe to the IAC Express

- More than 25,000 people subscribe to the IAC Express! Are you one of them?
- Subscribe to IAC Express at <http://www.immunize.org/subscribe>.

CDC's Immunization Works newsletters

- Sign up to receive have this publication on a monthly basis.
- Go to [CDC's Immunization Works newsletters](#)

ACIP-VFC Vaccine Resolutions

- Sign up to receive automatic email updates!
- Go to: www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm

The MDCH Division of Immunization website: www.michigan.gov/immunize

The Division of Immunization has 4 “shortcut” web addresses:

- Perinatal Hepatitis B Program Manual: www.michigan.gov/hepatitisb
- Flu: www.michigan.gov/flu
- VFC program: michigan.gov/vfc
- Yellow Fever Vaccine and Travel Vaccine: www.michigan.gov/yellowfever

The Michigan Immunization Update newsletter

We want to encourage our readers to be mindful of the environment and either read the newsletter electronically or if you do print it, share it with your associates and then place the printed copy in a recycling bin. It will also be posted on the department's website at www.michigan.gov/immunize, under the Provider Information section.

If you would like to submit an article for the next issue of the Michigan Immunization Update, the deadline is March 1. Documents should be prepared in Microsoft Word, if possible; if you submit photos, jpeg formats are best--please do not embed your jpeg into a Word document, however.

If you have any questions or comments, please contact Rosemary Franklin at franklinr@michigan.gov or 517-335-9485.

Give influenza vaccine through spring.

Influenza activity is increasing, and yearly vaccination is the first and most important step in protecting against influenza and its complications. It is important to continue vaccinating into the spring months.